Riverdale Centre

Instructor Interest Form

Name:	
Address:	
Day Phone:	
Home/Cell Phone:	
E-Mail:	

SEASON(S) YOU ARE INTERESTED IN TEACHING (YOU MAY CHOOSE MORE THAN ONE):

☐ Winter (December, January, February)	☐ Spring (March, April, May)
☐ Fall (September, October, November)	☐ Summer (June, July, August)

AGE GROUP YOU ARE INTERESTED IN TEACHING (YOU MAY CHOOSE MORE THAN ONE):

☐ Infant	☐ Youth	☐ Adult
☐ Pre-School	☐ Teen	☐ Senior Adult

WOULD YOU BE INTERESTED IN TEACHING ON A VOLUNTARY BASIS?

☐ Yes	☐ No

TYPE OF CLASS YOU ARE INTERESTED IN TEACHING (YOU MAY CHOOSE MORE THAN ONE):

☐ Animals & Pets	☐ Games	☐ Senior Adult Activity
☐ Arts & Crafts	☐ Health & Wellness	☐ Science & Imagination
☐ Cheer	☐ Hunting & Fishing	☐ Theatre
☐ Comedy	☐ Magic	☐ Tumbling
☐ Computers	☐ Martial Arts	☐ Yoga
☐ Cooking	☐ Music	☐ Other
☐ Dance	☐ Nature	☐ Other
☐ Environmental Education	☐ Outdoor Skills	☐ Other
☐ Finances & Investing	☐ Parenting Skills	☐ Other
☐ Fitness & Exercise	☐ Real Estate	☐ Other
☐ Foreign Language	☐ Safety	☐ Other

PLEASE INDICATE YOUR HOURS OF AVAILABILITY TO TEACH EACH DAY:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

THANK YOU FOR YOUR INTEREST IN PARTNERING WITH THE CITY OF RIVERDALE COMMUNITY, CULTURAL AFFAIRS & LEISURE SERVICES DEPARTMENT. PLEASE RETURN BY MAIL OR IN PERSON TO: CITY OF RIVERDALE, 6690 CHURCH STREET, RIVERDALE, GA 30274, ATTENTION: L. BALLARD. SHOULD YOU HAVE QUESTIONS OR CONCERNS, PLEASE CALL (770) 909-5387.

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PLEASE DESRIBE YOUR SKILLS, CERTIFICATIONS AND DEGREES THAT QUALIFY YOU TO TEACH THIS TYPE OF CLASS:

PLEASE DESCRIBE ANY SPECIAL SPACE, EQUIPMENT OR FACILITY NEEDS YOU WOULD HAVE FOR THIS CLASS:

I UNDERSTAND THAT SELECTION OF COURSES AND INSTRUCTORS IS BASED ON NEED AND SPACE AVAILABILITY. I ALSO UNDERSTAND THAT I WILL ONLY BE CALLED FOR AN INTERVIEW IF IT IS DETERMINED THAT THERE IS A PROGRAM NEED FOR MY AREA OF SPECIALIZATION. FURTHER, CONSIDERATION OF INSTRUCTOR INTEREST FORMS AND SELECTION OF INSTRUCTORS WILL BE AT THE SOLE DISCRETION OF THE CITY OF RIVERDALE.

☐ YES
☐ NO

Waiver: I, the above applicant, do hereby authorize and request the release of information and records to the City of Riverdale, for the purposes of investigating my qualifications to work as a Riverdale Centre instructor. This authorization covers, but is not limited to, criminal records. I understand that the City of Riverdale will use this information solely for evaluating my qualifications as a Riverdale Centre instructor.

_____   _____   _____
Signature   Date   Printed Name   Date of Birth, XX/XX/XXXX

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